



U. S. Department of State
**MEDICAL EXAMINATION FOR
IMMIGRANT OR REFUGEE APPLICANT**

OMB No. 1405-0113
EXPIRATION DATE: 05/31/2007
ESTIMATED BURDEN: 10 minutes
(See Page 2 - Back of Form)

Photo

Name (Last, First, MI) _____, _____
Birth Date (mm-dd-yyyy) _____ SEX: ☐ M ☐ F
Birthplace (City/Country) _____ / _____
Present Country of Residence _____ Prior Country _____
U. S. Consul (City/Country) _____ / _____
Passport Number _____ Alien (Case) Number _____

Date (mm-dd-yyyy) of Medical Exam _____ Date (mm-dd-yyyy) of Prior Exam, if any _____
Date Exam Expires (6 months from examination date, if Class A or TB condition exists, otherwise 12 months) (mm-dd-yyyy) _____
Exam Place (City/Country) _____ / _____ Panel Physician (name) _____
Radiology Services (name) _____ Screening Site (name) _____
Lab (name for HIV/syphilis/TB) _____ / _____ / _____

(1) Classification (check all boxes that apply):

☐ **No apparent defect, disease, or disability** (see Worksheets DS-3024, DS-3025 and DS-3026)

☐ **Class A Conditions** (From Past Medical History and Physical Examination Worksheets)

- | | |
|---|---|
| <input type="checkbox"/> TB, active, infectious (Class A, from Chest X-Ray Worksheet) | <input type="checkbox"/> Human immunodeficiency virus (HIV) |
| <input type="checkbox"/> Syphilis, untreated | <input type="checkbox"/> Hansen's disease, lepromatous or multibacillary |
| <input type="checkbox"/> Chancroid, untreated | <input type="checkbox"/> Addiction or abuse of specific* substance without harmful behavior |
| <input type="checkbox"/> Gonorrhea, untreated | <input type="checkbox"/> Any physical or mental disorder (including other substance-related disorder) with harmful behavior or history of such behavior likely to recur |
| <input type="checkbox"/> Granuloma inguinale, untreated | |
| <input type="checkbox"/> Lymphogranuloma venereum, untreated | |
- *amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics

☐ **Class B Conditions** (From Past Medical History and Physical Examination Worksheets)

- | | |
|---|--|
| <input type="checkbox"/> TB, active, noninfectious (Class B1, from Chest X-Ray Worksheet)
Treatment: <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Completed | <input type="checkbox"/> Hansen's disease, prior treatment |
| <input type="checkbox"/> TB, inactive (Class B2, from Chest X-Ray Worksheet)
Treatment: <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Completed
See Section #4 on page 2 for TB treatment details | <input type="checkbox"/> Hansen's disease, tuberculoid, borderline, or paucibacillary |
| <input type="checkbox"/> Syphilis (with residual deficit), treated within the last year | <input type="checkbox"/> Sustained, full remission of addiction or abuse of specific* substances |
| <input type="checkbox"/> Other sexually transmitted infections, treated within last year | <input type="checkbox"/> Any physical or mental disorder (excluding addiction or abuse of specific* substance but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur |
| <input type="checkbox"/> Current pregnancy, number of weeks pregnant _____ | |
| <input type="checkbox"/> Other (specify or give details on checked conditions from worksheets) _____ | |
- *amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics

(2) Laboratory Findings (check all boxes that apply):

Syphilis: ☐ Not done

	Test name	Date(s) run (mm-dd-yyyy)	Negative	Positive	Titer 1	Notes
Screening			<input type="checkbox"/>	<input type="checkbox"/>		
Confirmatory			<input type="checkbox"/>	<input type="checkbox"/>		
Treated	If treated, therapy:			Dates(s) treatment given (3 doses for penicillin)		
<input type="checkbox"/> Yes	<input type="checkbox"/> Benzathine penicillin, 2.4 MU IM					
<input type="checkbox"/> No	<input type="checkbox"/> Other (therapy, dose):E					

HIV: ☐ Not done

	Test name	Date(s) run (mm-dd-yyyy)	Negative	Positive	Indeterminate	Notes
Screening			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confirmatory			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	